



4/15/03

 Commissioner for Patents
 Washington, DC 20231
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CONFIRMATION NO. 2651

Bib Data Sheet

SERIAL NUMBER 10/072,728	FILING DATE 02/07/2002 RULE	CLASS 345	GROUP ART UNIT 2675	ATTORNEY DOCKET NO. IMM043E
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APPLICANTS
 Chester L. Schuler, Sudbury, MA;
 Seth M. Haberman, New York, NY;
**** CONTINUING DATA *******

This application is a CON of 09/253,392 02/19/1999 ABN
 which is a CON of 08/585,198 01/11/1996 PAT 5,889,670
 which is a CIP of 08/434,176 05/03/1995 PAT 5,559,412
 which is a CON of 08/076,344 06/11/1993 PAT 5,414,337
 which is a CIP of 07/783,635 10/24/1991 PAT 5,220,260 *

(*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 03/01/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>ML</i>	STATE OR COUNTRY MA	SHEETS DRAWING 13	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>ML</i> Allowance				
Verified and Acknowledged	<i>ML</i> Examiner's Signature	Initials			

ADDRESS

22903

TITLE

Interface device with tactile responsiveness

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2651

SERIAL NUMBER 10/072,728	FILING DATE 02/07/2002 RULE	CLASS 700	GROUP ART UNIT 2121	ATTORNEY DOCKET NO. IMM043E
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APPLICANTS

Chester L. Schuler, Sudbury, MA;
Seth M. Haberman, New York, NY;

** CONTINUING DATA *****

THIS APPLICATION IS A CON OF 09/253,392 02/19/1999
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35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

James R. Riegel
IMMERSION CORPORATION
801 Fox Lane
San Jose ,CA 95131

TITLE

Interface device with tactile responsiveness

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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